



**DEPARTMENT OF THE ARMY**  
**UNITED STATES ARMY PHYSICAL DISABILITY AGENCY**  
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**WASHINGTON DC 20307-5001**

AHRC-DZB

FEB 28 2005

**MEMORANDUM FOR PHYSICAL EVALUATION BOARD PRESIDENTS**

**SUBJECT: Policy/Guidance Memorandum #13: Rating Pain**

1. Supersession: This memorandum supersedes USAPDA memorandum, 8 April 2002, subject above. Changes include editorial revisions, updating of the signature block and clarification of exceeding a total combined rating of 20% when rating multiple conditions involving pain.

2. Purpose: This memorandum provides guidance for rating unfitting conditions that are manifested by pain with and without supportable medical findings for rating an underlying condition.

3. Discussion:

a. AR 635-40, para B-24f, provides for a 20% ceiling for conditions rated essentially for pain. This memorandum provides additional guidance for rating medical impairments which present with pain as the primary manifestation with essentially no other medical findings (when there is pain plus other medical findings, the underlying condition is rated).

b. The International Association for the Study of Pain, defined pain as, "an unpleasant sensory and emotional experience with actual or potential tissue damage [that is] described in terms of such damage." The Commission on the Evaluation of Pain defined pain as a "complex experience, embracing physical, mental, social and behavioral processes, which comprises the quality of life of many individuals."

c. Pain is ubiquitous, subjective, and cannot be measured objectively. The Department of Veterans Affairs Schedule for Rating Disabilities does not provide a separate rating code for pain, but incorporates pain as part of the overall percentage rating for a particular code. The Social Security Administration, similarly, gives credence to pain only in so far as it relates to an underlying physical or mental impairment.

d. According to the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, in the estimation of impairment of pain the intensity and frequency of the pain are of paramount importance.

e. The AMA Guides define the intensity (severity) of pain as follows:

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(1) Minimal. The pain is annoying, but has not been documented medically to have appreciably diminished an individual's capacity to carry out daily activities. The pain does not interfere with sleep and requires nonnarcotic analgesics only occasionally (1-2 times per week).

(2) Slight. The pain is tolerated by the individual but has been medically documented to cause diminution in an individual's capacity to carry out some specified daily activities. The pain may interfere with sleep. Nonnarcotic medication may be consumed regularly (daily) and narcotic analgesics may occasionally (1-2 times per week) be required.

(3) Moderate. The pain has been documented medically to result in extensive diminution in an individual's capacity to carry out the activities of daily living. The pain may be tolerable, but it interferes with sleep. It frequently (1 time per day) requires the use of narcotic medication, or it may require invasive procedures (steroid/novocaine injections). Recreational and social activities are severely limited.

(4) Marked. The pain precludes carrying out most activities of daily living. Sleep is disrupted. Recreational and social activities are impossible. Narcotic medication or invasive procedures are required and may not result in complete pain control.

f. The AMA Guides define the frequency of pain as follows:

(1) Intermittent. The pain has been documented medically to occur less than one fourth of the time the individual is awake.

(2) Occasional. The pain has been documented medically to occur between one fourth and one half of the time when the individual is awake.

(3) Frequent. The pain has been documented medically to occur between one half and three fourths of the time when the individual is awake.

(4) Constant. The pain has been documented medically to occur between three fourths and all the time when the individual is awake.

#### 4. Guidance:

a. Rating of underlying condition. In instances where there is present evidence of an underlying medical condition that is manifested by more than just pain, the underlying impairment should be rated. Examples are fibromyalgia, osteoarthritis, bursitis, ligament tear, muscle tear, or previous muscle or bone injury. Further, the Soldier's total rating may exceed 20 percent and may include a separate rating for pain up to the maximum of 20 percent under 5099-5003. In other words, a Soldier could be rated at 20 percent for fibromyalgia (5035) or 10

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percent for back pain (5299-5237 or 5237) and 20 percent for a variety of pains in the knees and shoulders for a total that would grant the Soldier disability retirement.

b. Pain as the primary manifestation: One or more conditions that are manifested essentially by pain will be rated for the totality of the manifested pain under code 5099-5003 using the rating grid below. The AMA definitions listed above will be used in interpreting the intensity and frequency of pain.

c. Rating grid: Note that the number of sites of pain does not determine the rating. For example, pain in both knees and a shoulder of moderate intensity and occasional frequency would be rated the same as pain in one knee of moderate intensity and occasional frequency.

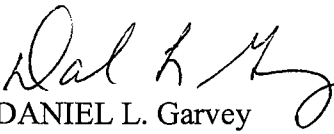
| RATING | INTENSITY | FREQUENCY    |
|--------|-----------|--------------|
| 0%     | Minimal   | Intermittent |
| 0%     | Minimal   | Occasional   |
| 0%     | Minimal   | Frequent     |
| 0%     | Minimal   | Constant     |
| 0%     | Slight    | Intermittent |
| 0%     | Slight    | Occasional   |
| 10%    | Slight    | Frequent     |
| 10%    | Slight    | Constant     |
| 0%     | Moderate  | Intermittent |
| 10%    | Moderate  | Occasional   |
| 10%    | Moderate  | Frequent     |
| 20%    | Moderate  | Constant     |
| 0%     | Marked    | Intermittent |
| 10%    | Marked    | Occasional   |
| 20%    | Marked    | Frequent     |
| 20%    | Marked    | Constant     |

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